

REENLISTMENT BONUS INQUIRY For use of this form, see ARs 37-104-2, 37-104-3; the proponent agency is COA			DATE OF INQUIRY	
NAME <i>(Last, First, Middle Initial)</i>			SSN	
			ANTICIPATED DATE OF SEPARATION	
TO: <div> <div> <div>Commander</div> <div>U.S. Army Finance Support Agency</div> <div>ATTN: Dept. 40</div> <div>Indianapolis, IN 46249-0001</div> </div> </div>			PRIOR SERVICE <i>(Check)</i>	
			<div> <div> <div>___ Army</div> <div>___ Navy</div> <div>___ Marine Corps</div> <div>___ Air Force</div> <div>___ Coast Guard</div> <div>___ Active</div> <div>___ Inactive</div> </div> </div>	
			INCLUSIVE DATES	

DISCHARGE DATE	REENLISTMENT DATE	TYPE OF PAYMENT <i>(Enl Alw, Reenl, Anniversary, Ext Bonus)</i>	SECTION OF ACT	AMOUNT CREDITED

REENLISTMENT BONUS RECOUPED		
DISCHARGE DATE	AMOUNT	DOCUMENT ON WHICH COLLECTED

FOR THE OPERATIONS DIRECTOR:

CHIEF, EXAMINATION AND DISTRIBUTION DIVISION, CENTRALIZED PAY OPERATIONS RECORDS DIVISION, MILITARY PAY OPERATIONS

RETURN TO: